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## GRANT SUMMARY SHEET

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**Grant Name:** Community Health Workers for Public Health Response & Resilient 21-22 Amend 12

**Department:** HEALTH DEPARTMENT

**Grantor:** CENTERS FOR DISEASE CONTROL & PREVENTION

**Pass-Through Grantor  
(If applicable):**

**Total Award this Action:** \$1,000,000.00

**Cash Match Amount** \$0.00

**Department Contact:** Brad Thompson  
340-0407

**Status:** AMENDMENT

**Program Description:**

The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. Amendment 12-Activities & Funding under this award are no longer terminated. Re-obligation of \$1,000,000.00 and period of performance is extended until 09/22/2025.

**Plan for continuation of services upon grant expiration:**

Services will end

Grants Tracking Form

Part One

|  |             |  |  |  |               |   |     |
|--|-------------|--|--|--|---------------|---|-----|
| Pre-Application <input type="radio"/>  |             | Application <input type="radio"/>  |  | Award Acceptance <input type="radio"/> |               | Contract Amendment <input checked="" type="radio"/> |     |
| Department   | Dept. No.   | Contact  |  |  |               | Phone   | Fax |
| HEALTH DEPARTMENT  | 038         | Brad Thompson  |  |  |               | 340-0407  |     |
| Grant Name:  |             | Community Health Workers for Public Health Response & Resilient 21-22 Amend 12 |  |  |               |   |     |
| Grantor:   |             | CENTERS FOR DISEASE CONTROL & PREVENTION                                       |  |  |               | Other:  |     |
| Grant Period From:   | 08/31/21    | (applications only) Anticipated Application Date:                              |  |  |               |   |     |
| Grant Period To:   | 09/22/25    | (applications only) Application Deadline:                                      |  |  |               |   |     |
| Funding Type:  | FED DIRECT  | Multi-Department Grant <input type="checkbox"/>                                |  | If yes, list below.                    |               |   |     |
| Pass-Thru:   |             | Outside Consultant Project: <input type="checkbox"/>                           |  |  |               |   |     |
| Award Type:  | COMPETITIVE | Total Award:   |  | \$1,000,000.00                         |               |   |     |
| Status:  | AMENDMENT   | Metro Cash Match:  |  | \$0.00                                 |               |   |     |
| Metro Category:  | Est. Prior. | Metro In-Kind Match:   |  | \$0.00                                 |               |   |     |
| CFDA #   | 93.495      | Is Council approval required?  |  | <input type="checkbox"/>               |               |   |     |
| Project Description:   |             | Applic. Submitted Electronically? <input checked="" type="checkbox"/>          |  |  |               |   |     |
| <p>The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. <b>Amendment 12- Activities &amp; Funding under this award are no longer terminated. Re-obligation of \$1,000,000.00 and period of performance is extended until 09/22/2025.</b></p> |             |  |  |  |               |   |     |
| <p>Plan for continuation of service after expiration of grant/Budgetary Impact:</p> <p>Services will end</p>   |             |  |  |  |               |   |     |
| How is Match Determined?   |             |  |  |  |               |   |     |
| Fixed Amount of \$   |             | or   |  | % of Grant                             |               | Other: <input type="checkbox"/>                     |     |
| Explanation for "Other" means of determining match:  |             |  |  |  |               |   |     |
| For this Metro FY, how much of the required local Metro cash match:  |             |  |  |  |               |   |     |
| Is already in department budget?   |             |  |  | Fund                                   | Business Unit |   |     |
| Is not budgeted?   |             |  |  | Proposed Source of Match:              |               |   |     |
| (Indicate Match Amount & Source for Remaining Grant Years in Budget Below)   |             |  |  |  |               |   |     |
| Other:   |             |  |  |  |               |   |     |
| Number of FTEs the grant will fund:  |             | 1.50   |  | Actual number of positions added:      |               | 2.00  |     |
| Departmental Indirect Cost Rate  |             | 24.82%   |  | Indirect Cost of Grant to Metro:       |               | \$712,278.94  |     |
| *Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No   |             | % Allow. 7.51%   |  | Ind. Cost Requested from Grantor:      |               | \$215,477.80 in budget                              |     |
| *(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)   |             |  |  |  |               |   |     |
| Draw down allowable? <input type="checkbox"/>  |             |  |  |  |               |   |     |
| Metro or Community-based Partners:   |             |  |  |  |               |   |     |

Part Two

| Grant Budget |                      |                 |               |               |                  |                         |                     |                       |                        |                             |
|--------------|----------------------|-----------------|---------------|---------------|------------------|-------------------------|---------------------|-----------------------|------------------------|-----------------------------|
| Budget Year  | Metro Fiscal Year    | Federal Grantor | State Grantor | Other Grantor | Local Match Cash | Match Source (Fund, BU) | Local Match In-Kind | Total Grant Each Year | Indirect Cost to Metro | Ind. Cost Neg. from Grantor |
| Yr 1         | FY22                 | \$ 833,333.33   |               |               |                  |                         |                     | \$833,333.33          | \$206,874.17           | \$62,583.33                 |
| Yr 2         | FY23                 | \$ 1,000,000.00 |               |               |                  |                         |                     | \$1,000,000.00        | \$248,249.00           | \$75,100.00                 |
| Yr 3         | FY24                 | \$1,000,000.00  |               |               |                  |                         |                     | \$1,000,000.00        | \$248,249.00           | \$75,100.00                 |
| Yr 4         | FY25                 | \$35,878.39     |               |               |                  |                         |                     | \$35,878.39           | \$8,906.77             | \$2,694.47                  |
| Yr 5         | FY                   |                 |               |               |                  |                         |                     |                       |                        |                             |
| Total        |                      | \$2,869,211.72  | \$0.00        | \$0.00        | \$0.00           |                         | \$0.00              | \$2,869,211.72        | \$712,278.94           | \$215,477.80                |
|              | Date Awarded:        |                 |               | 08/18/25      | Tot. Awarded:    |                         | \$1,000,000.00      | Contract#:            | 6NU58DP006999-03-12    |                             |
|              | (or) Date Denied:    |                 |               |               | Reason:          |                         |                     |                       |                        |                             |
|              | (or) Date Withdrawn: |                 |               |               | Reason:          |                         |                     |                       |                        |                             |

Contact: [juanita.paulsen@nashville.gov](mailto:juanita.paulsen@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

Rev. 5/13/13  
6091

GCP Received 08/18/25

GCP Approved 08/18/25

*JP*

# LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 09/16/25

☒ Resolution ☐ Ordinance

Contact/Prepared By: Brad Thompson

Date Prepared: 07/14/25

Title (Caption): CDC Community Health Workers 21-22- Amendment 11 is to complete closeout of this award.

Official closeout is effective 06/04/2025. The recipient may no longer draw down funds associated with this award.

De-obligated funds of - \$1,130,788.28 Document number 21NU58DP006999C3.

Retain documents for a period of 3 years from date of submission of final FFR.

Submitted to Planning Commission? ☐ N/A ☐ Yes-Date: \_\_\_\_\_ Proposal No: \_\_\_\_\_

Proposing Department: Health Requested By: Health

Affected Department(s): Health Affected Council District(s): all

Legislative Category (check one):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bonds                | <input type="checkbox"/> Contract Approval           | <input type="checkbox"/> Intergovernmental Agreement   |
| <input type="checkbox"/> Budget - Pay Plan    | <input type="checkbox"/> Donation                    | <input type="checkbox"/> Lease                         |
| <input type="checkbox"/> Budget - 4%          | <input type="checkbox"/> Easement Abandonment        | <input type="checkbox"/> Maps                          |
| <input type="checkbox"/> Capital Improvements | <input type="checkbox"/> Easement Accept/Acquisition | <input type="checkbox"/> Master List A&E               |
| <input type="checkbox"/> Capital Outlay Notes | <input checked="" type="checkbox"/> Grant            | <input type="checkbox"/> Settlement of Claims/Lawsuits |
| <input type="checkbox"/> Code Amendment       | <input type="checkbox"/> Grant Application           | <input type="checkbox"/> Street/Highway Improvements   |
| <input type="checkbox"/> Condemnation         | <input type="checkbox"/> Improvement Acc.            | <input type="checkbox"/> Other: _____                  |

**FINANCE** Amount +/-: \$ - \$1,130,788.28  
**Funding Source:** Capital Improvement Budget  
 Capital Outlay Notes  
 Departmental/Agency Budget  
 Funds to Metro  
 General Obligation Bonds  
 Grant  
 Increased Revenue Sources

**Match:** \$ \$0.00  
 Judgments and Losses  
 Local Government Investment Project  
 Revenue Bonds  
 Self-Insured Liability  
 Solid Waste Reserve  
 Unappropriated Fund Balance  
 4% Fund  
 Other: \_\_\_\_\_

Approved by OMB: Aaron Pratt  
 Approved by Finance: \_\_\_\_\_  
 Approved by Div Grants Coordination: Juanita Paulsen

Date to Finance Director's Office: \_\_\_\_\_  
**APPROVED BY**  
**FINANCE DIRECTOR'S OFFICE:** \_\_\_\_\_

**ADMINISTRATION**

Council District Member Sponsors: \_\_\_\_\_  
 Council Committee Chair Sponsors: \_\_\_\_\_  
**Approved by Administration:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DEPARTMENT OF LAW**

Date to Dept. of Law: \_\_\_\_\_ Approved by Department of Law: \_\_\_\_\_

**Settlement Resolution/Memorandum Approved by:** \_\_\_\_\_

Date to Council: \_\_\_\_\_ For Council Meeting: \_\_\_\_\_ ☐ E-mailed Clerk

☐ All Dept. Signatures ☐ Copies ☐ Backing ☐ Legislative Summary ☐ Settlement Memo ☐ Clerk Letter ☐ Ready to File

Department of Law - White Copy

Administration - Yellow Copy

Finance Department - Pink Copy

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## GRANT SUMMARY SHEET

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**Grant Name:** Community Health Workers for Public Health Response & Resilient 21-22 Amend 11

**Department:** HEALTH DEPARTMENT

**Grantor:** CENTERS FOR DISEASE CONTROL & PREVENTION

**Pass-Through Grantor  
(If applicable):**

**Total Award this Action:** (\$1,130,788.28)

**Cash Match Amount** \$0.00

**Department Contact:** Brad Thompson  
340-0407

**Status:** AMENDMENT

**Program Description:**

The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. Amendment 11 is to complete closeout of this award. Official closeout is effective 06/04/2025. The recipient may no longer draw down funds associated with this award. De-obligated funds of - \$1,130,788.28 Document number 21NU58DP006999C3, Retain documents for a period of 3 years from date of submission of final FFR.

**Plan for continuation of services upon grant expiration:**

Services will end

Grants Tracking Form

Part One

|  |             |  |   |  |               |   |     |
|--|-------------|--|---|--|---------------|---|-----|
| Pre-Application <input type="radio"/>  |             | Application <input type="radio"/>  |   | Award Acceptance <input type="radio"/> |               | Contract Amendment <input checked="" type="radio"/> |     |
| Department   | Dept. No.   | Contact  |   |  |               | Phone   | Fax |
| HEALTH DEPARTMENT  | 038         | Brad Thompson  |   |  |               | 340-0407  |     |
| Grant Name:  |             | Community Health Workers for Public Health Response & Resilient 21-22 Amend 11 |   |  |               |   |     |
| Grantor:   |             | CENTERS FOR DISEASE CONTROL & PREVENTION                                       |   |  |               | Other:  |     |
| Grant Period From:   |             | 08/31/21   | (applications only) Anticipated Application Date: |  |               |   |     |
| Grant Period To:   |             | 03/24/25   | (applications only) Application Deadline:         |  |               |   |     |
| Funding Type:  | FED DIRECT  | Multi-Department Grant <input type="checkbox"/>                                |   | If yes, list below.                    |               |   |     |
| Pass-Thru:   |             | Outside Consultant Project: <input type="checkbox"/>                           |   |  |               |   |     |
| Award Type:  | COMPETITIVE | Total Award:   |   | -\$1,130,788.28                        |               |   |     |
| Status:  | AMENDMENT   | Metro Cash Match:  |   | \$0.00                                 |               |   |     |
| Metro Category:  | Est. Prior. | Metro In-Kind Match:   |   | \$0.00                                 |               |   |     |
| CFDA #   | 93.495      | Is Council approval required?  |   | <input type="checkbox"/>               |               |   |     |
| Project Description:   |             | Applic. Submitted Electronically? <input checked="" type="checkbox"/>          |   |  |               |   |     |
| <p>The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. <b>Amendment 11 is to complete closeout of this award. Official closeout is effective 06/04/2025. The recipient may no longer draw down funds associated with this award. De-obligated funds of - \$1,130,788.28 Document number 21NU58DP006999-03. Retain documents for a period of 3 years from date of submission of final FFP.</b></p> |             |  |   |  |               |   |     |
| Plan for continuation of service after expiration of grant/Budgetary Impact:   |             |  |   |  |               |   |     |
| Services will end  |             |  |   |  |               |   |     |
| How is Match Determined?   |             |  |   |  |               |   |     |
| Fixed Amount of \$   |             | or   |   | % of Grant                             |               | Other: <input type="checkbox"/>                     |     |
| Explanation for "Other" means of determining match:  |             |  |   |  |               |   |     |
| For this Metro FY, how much of the required local Metro cash match:  |             |  |   |  |               |   |     |
| Is already in department budget?   |             |  |   | Fund                                   | Business Unit |   |     |
| Is not budgeted?   |             |  |   | Proposed Source of Match:              |               |   |     |
| (Indicate Match Amount & Source for Remaining Grant Years in Budget Below)   |             |  |   |  |               |   |     |
| Other:   |             |  |   |  |               |   |     |
| Number of FTEs the grant will fund:  |             | 1.50   |   | Actual number of positions added:      |               | 2.00  |     |
| Departmental Indirect Cost Rate  |             | 24.82%   |   | Indirect Cost of Grant to Metro:       |               | \$464,029.94  |     |
| *Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No   |             | % Allow. 7.51%   |   | Ind. Cost Requested from Grantor:      |               | \$140,377.80 in budget                              |     |
| *(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)   |             |  |   |  |               |   |     |
| Draw down allowable? <input type="checkbox"/>  |             |  |   |  |               |   |     |
| Metro or Community-based Partners:   |             |  |   |  |               |   |     |

Part Two

| Grant Budget |                      |                 |               |               |                  |                         |                     |                       |                        |                             |
|--------------|----------------------|-----------------|---------------|---------------|------------------|-------------------------|---------------------|-----------------------|------------------------|-----------------------------|
| Budget Year  | Metro Fiscal Year    | Federal Grantor | State Grantor | Other Grantor | Local Match Cash | Match Source (Fund, BU) | Local Match In-Kind | Total Grant Each Year | Indirect Cost to Metro | Ind. Cost Neg. from Grantor |
| Yr 1         | FY22                 | \$ 833,333.33   |               |               |                  |                         |                     | \$833,333.33          | \$206,874.17           | \$62,583.33                 |
| Yr 2         | FY23                 | \$ 1,000,000.00 |               |               |                  |                         |                     | \$1,000,000.00        | \$248,249.00           | \$75,100.00                 |
| Yr 3         | FY24                 | \$1,000,000.00  |               |               |                  |                         |                     | \$1,000,000.00        | \$248,249.00           | \$75,100.00                 |
| Yr 4         | FY25                 | -\$964,121.61   |               |               |                  |                         |                     | -\$964,121.61         | -\$239,342.23          | -\$72,405.53                |
| Yr 5         | FY                   |                 |               |               |                  |                         |                     |                       |                        |                             |
| Total        |                      | \$1,869,211.72  | \$0.00        | \$0.00        | \$0.00           |                         | \$0.00              | \$1,869,211.72        | \$464,029.94           | \$140,377.80                |
|              | Date Awarded:        |                 |               | 08/18/25      | Tot. Awarded:    |                         | \$0.00              | Contract#:            | 6NU58DP006999-03-11    |                             |
|              | (or) Date Denied:    |                 |               |               | Reason:          |                         |                     |                       |                        |                             |
|              | (or) Date Withdrawn: |                 |               |               | Reason:          |                         |                     |                       |                        |                             |

Contact: [juanita.paulsen@nashville.gov](mailto:juanita.paulsen@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

Rev. 5/13/13  
6090

*JP*

GCP Received 08/18/25

GCP Approved 08/18/25

**LEGISLATIVE TRACKING FORM**Filing for Council Meeting Date: 09/16/25

Resolution



Ordinance

Contact/Prepared By: Brad ThompsonDate Prepared: 07/14/25Title (Caption): CDC Community Health Workers 21-22 - Amendment 10 to terminate the award, no additional activities can be conductedand no additional costs may be incurred, submit closeout reports within 30 days of the NOA.

RS2021-1178

Whole term 8/31/21 - 3/24/25 total \$3 million

Submitted to Planning Commission? ☒ N/A

Yes-Date: \_\_\_\_\_

Proposal No: \_\_\_\_\_

Proposing Department: HealthRequested By: HealthAffected Department(s): HealthAffected Council District(s): all

Legislative Category (check one):

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Bonds                | <input type="checkbox"/> Contract Approval           | <input type="checkbox"/> Intergovernmental Agreement   |
| <input type="checkbox"/> Budget - Pay Plan    | <input type="checkbox"/> Donation                    | <input type="checkbox"/> Lease                         |
| <input type="checkbox"/> Budget - 4%          | <input type="checkbox"/> Easement Abandonment        | <input type="checkbox"/> Maps                          |
| <input type="checkbox"/> Capital Improvements | <input type="checkbox"/> Easement Accept/Acquisition | <input type="checkbox"/> Master List A&E               |
| <input type="checkbox"/> Capital Outlay Notes | <input checked="" type="checkbox"/> Grant            | <input type="checkbox"/> Settlement of Claims/Lawsuits |
| <input type="checkbox"/> Code Amendment       | <input type="checkbox"/> Grant Application           | <input type="checkbox"/> Street/Highway Improvements   |
| <input type="checkbox"/> Condemnation         | <input type="checkbox"/> Improvement Acc.            | <input type="checkbox"/> Other: _____                  |

**FINANCE** Amount +/-: \$ \$ 0.00

Funding Source:

Capital Improvement Budget

Capital Outlay Notes

Departmental/Agency Budget

Funds to Metro

General Obligation Bonds

Grant

Increased Revenue Sources

Match: \$ \$ 0.00

Judgments and Losses

Local Government Investment Project

Revenue Bonds

Self-Insured Liability

Solid Waste Reserve

Unappropriated Fund Balance

4% Fund

Other: \_\_\_\_\_

Approved by OMB: Aaron Pratt DH

Approved by Finance: \_\_\_\_\_

Approved by Div Grants Coordination: Juanita Paulsen

Date to Finance Director's Office: \_\_\_\_\_

**APPROVED BY****FINANCE DIRECTOR'S OFFICE:** \_\_\_\_\_**ADMINISTRATION**

Council District Member Sponsors: \_\_\_\_\_

Council Committee Chair Sponsors: \_\_\_\_\_

Approved by Administration: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT OF LAW**

Date to Dept. of Law: \_\_\_\_\_

Approved by Department of Law: \_\_\_\_\_

**Settlement Resolution/Memorandum Approved by:** \_\_\_\_\_

Date to Council: \_\_\_\_\_

For Council Meeting: \_\_\_\_\_



E-mailed Clerk



All Dept. Signatures



Copies



Backing



Legislative Summary



Settlement Memo



Clerk Letter



Ready to File

Department of Law - White Copy

Administration - Yellow Copy

Finance Department - Pink Copy

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## GRANT SUMMARY SHEET

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**Grant Name:** Community Health Workers for Public Health Response & Resilient 21-22 Amend 10

**Department:** HEALTH DEPARTMENT

**Grantor:** CENTERS FOR DISEASE CONTROL AND PREVENTION

**Pass-Through Grantor  
(If applicable):**

**Total Award this Action:** \$0.00

**Cash Match Amount** \$0.00

**Department Contact:** Brad Thompson  
340-0407

**Status:** AMENDMENT

**Program Description:**

The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. Amendment 10 to terminate the award, no additional activities can be conducted, no additional costs maybe incurred and submit close out reports within 30 days of NOA.

**Plan for continuation of services upon grant expiration:**

Services will end

## Grants Tracking Form

## Part One

|  |  |  |  |  |  |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
|--|--|--|--|--|--|--|-----------------------------------|--------------|------------|--|---------------|-----------|---------------------------------|--|---|--|--|--|--|
| Pre-Application <input type="radio"/>  |  |  |  |  | Application <input type="radio"/>                      |  |                                   |              |            | Award Acceptance <input type="radio"/> |               |           |                                 |  | Contract Amendment <input checked="" type="radio"/> |  |  |  |  |
| Department   |  |  | Dept. No.  |  | Contact  |  |                                   |              |            | Phone                                  |               |           | Fax                             |  |   |  |  |  |  |
| HEALTH DEPARTMENT  |  |  | 038  |  | Brad Thompson  |  |                                   |              |            | 340-0407                               |               |           |                                 |  |   |  |  |  |  |
| Grant Name:  |  |  | Community Health Workers for Public Health Response & Resilient 21-22 Amend 10 |  |  |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| Grantor:   |  |  | CENTERS FOR DISEASE CONTROL AND PREVENTION                                     |  |  |  |                                   | Other:       |            |  |               |           |                                 |  |   |  |  |  |  |
| Grant Period From:   |  |  | 08/31/21   |  | (applications only) Anticipated Application Date:      |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| Grant Period To:   |  |  | 03/24/25   |  | (applications only) Application Deadline:              |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| Funding Type:  |  |  | FED DIRECT   |  | Multi-Department Grant <input type="checkbox"/>        |  |                                   |              |            | If yes, list below.                    |               |           |                                 |  |   |  |  |  |  |
| Pass-Thru:   |  |  |  |  | Outside Consultant Project: <input type="checkbox"/>   |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| Award Type:  |  |  | COMPETITIVE  |  | Total Award:   |  |                                   |              |            | \$0.00                                 |               |           |                                 |  |   |  |  |  |  |
| Status:  |  |  | AMENDMENT  |  | Metro Cash Match:                                      |  |                                   |              |            | \$0.00                                 |               |           |                                 |  |   |  |  |  |  |
| Metro Category:  |  |  | Est. Prior.  |  | Metro In-Kind Match:                                   |  |                                   |              |            | \$0.00                                 |               |           |                                 |  |   |  |  |  |  |
| CFDA #   |  |  | 93.495   |  | Is Council approval required? <input type="checkbox"/> |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| Project Description:   |  |  | Applic. Submitted Electronically? <input checked="" type="checkbox"/>          |  |  |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. <b>Amendment 10 to terminate the award, no additional activities can be conducted, no additional costs maybe incurred and submit close out reports within 30 days of NOA.</b> |  |  |  |  |  |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| Plan for continuation of service after expiration of grant/Budgetary Impact:   |  |  |  |  |  |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| Services will end  |  |  |  |  |  |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| How is Match Determined?   |  |  |  |  |  |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| Fixed Amount of \$   |  |  |  |  | or   |  |                                   |              | % of Grant |  |               |           | Other: <input type="checkbox"/> |  |   |  |  |  |  |
| Explanation for "Other" means of determining match:  |  |  |  |  |  |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
|  |  |  |  |  |  |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| For this Metro FY, how much of the required local Metro cash match:  |  |  |  |  |  |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| Is already in department budget?   |  |  |  |  |  |  | Fund                              |              |            |  | Business Unit |           |                                 |  |   |  |  |  |  |
| Is not budgeted?   |  |  |  |  |  |  | Proposed Source of Match:         |              |            |  |               |           |                                 |  |   |  |  |  |  |
| (Indicate Match Amount & Source for Remaining Grant Years in Budget Below)   |  |  |  |  |  |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| Other:   |  |  |  |  |  |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| Number of FTEs the grant will fund:  |  |  | 1.50   |  | Actual number of positions added:                      |  |                                   | 2.00         |            |  |               |           |                                 |  |   |  |  |  |  |
| Departmental Indirect Cost Rate  |  |  | 24.82%   |  | Indirect Cost of Grant to Metro:                       |  |                                   | \$744,747.00 |            |  |               |           |                                 |  |   |  |  |  |  |
| *Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No   |  |  | % Allow.   |  | 7.51%  |  | Ind. Cost Requested from Grantor: |              |            | \$225,324.00                           |               | in budget |                                 |  |   |  |  |  |  |
| *(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)   |  |  |  |  |  |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| Draw down allowable? <input type="checkbox"/>  |  |  |  |  |  |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |
| Metro or Community-based Partners:   |  |  |  |  |  |  |                                   |              |            |  |               |           |                                 |  |   |  |  |  |  |

## Part Two

| Grant Budget         |                   |                 |               |               |                  |                         |                     |                       |                        |                             |
|----------------------|-------------------|-----------------|---------------|---------------|------------------|-------------------------|---------------------|-----------------------|------------------------|-----------------------------|
| Budget Year          | Metro Fiscal Year | Federal Grantor | State Grantor | Other Grantor | Local Match Cash | Match Source (Fund, BU) | Local Match In-Kind | Total Grant Each Year | Indirect Cost to Metro | Ind. Cost Neg. from Grantor |
| Yr 1                 | FY22              | \$ 833,333.33   |               |               |                  |                         |                     | \$833,333.33          | \$206,874.17           | \$62,590.00                 |
| Yr 2                 | FY23              | \$ 1,000,000.00 |               |               |                  |                         |                     | \$1,000,000.00        | \$248,249.00           | \$75,108.00                 |
| Yr 3                 | FY24              | \$1,000,000.00  |               |               |                  |                         |                     | \$1,000,000.00        | \$248,249.00           | \$75,108.00                 |
| Yr 4                 | FY25              | \$166,666.67    |               |               |                  |                         |                     | \$166,666.67          | \$41,374.83            | \$12,518.00                 |
| Yr 5                 | FY                |                 |               |               |                  |                         |                     |                       |                        |                             |
| Total                |                   | \$3,000,000.00  | \$0.00        | \$0.00        | \$0.00           |                         | \$0.00              | \$3,000,000.00        | \$744,747.00           | \$225,324.00                |
| Date Awarded:        |                   |                 | 08/18/25      | Tot. Awarded: |                  | \$0.00                  | Contract#:          | 6NU58DP006999-03-10   |                        |                             |
| (or) Date Denied:    |                   |                 |               | Reason:       |                  |                         |                     |                       |                        |                             |
| (or) Date Withdrawn: |                   |                 |               | Reason:       |                  |                         |                     |                       |                        |                             |

Contact: [juanita.paulsen@nashville.gov](mailto:juanita.paulsen@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

Rev. 5/13/13  
6089

JP

GCP Received 08/18/25

GCP Approved 08/18/25



RESOLUTION NO. \_\_\_\_\_

A resolution approving amendments ten, eleven, and twelve to a Community Health Workers for Public Health Response and Resilient grant from the Centers for Disease Control and Prevention to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to address COVID-19 health disparities in the Nashville area.

WHEREAS, the Metropolitan Government, acting by and through the Metropolitan Board of Health, previously entered into a grant agreement with the Centers for Disease Control and Prevention to address COVID-19 health disparities in the Nashville area approved by RS2021-1178 and later amended by RS2023-1990, RS2024-170, RS2024-502, RS2024-535, and RS2024-716; and,

WHEREAS, amendment ten terminates the grant award which is funded by COVID-19 supplemental appropriations since the pandemic has ended, no additional activities can be conducted, no additional costs incurred, unobligated award balances will be de-obligated by the CDC, and closeout reports submitted within 30 days of the Notice of Award; and,

WHEREAS, amendment eleven completes the closeout of the award effective June 4, 2025, the recipient may no longer draw down funds associated with the award in the Payment Management System, the amount de-obligated is \$1,130,788.28, and the recipients are to retain financial and reporting records for three years from the date of submission; and,

WHEREAS, pursuant to the preliminary injunction issued in *Metropolitan Government of Nashville and Davidson County, et al. v. Robert F. Kennedy, Jr. et al.*, No. 1:2025-cv-01275 (D.D.C. 2025), amendment twelve revises the terms and conditions of the award, rescinds the termination of the COVID-19 funding and activities, re-obligates \$1,000,000 (of which approximately one-fifth remains) and extends the period of performance to September 22, 2025. Copies of amendments ten, eleven, and twelve are attached hereto; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that amendments ten, eleven, and twelve be approved.

NOW, THEREFORE BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That amendments ten, eleven, and twelve to the Community Health Workers for Public Health Response and Resilient grant by and between the Centers for Disease Control and Prevention and the Metropolitan Government, acting by and through the Metropolitan Board of Health, to address COVID-19 health disparities in the Nashville area, a copy of which amendments ten, eleven, and twelve are attached hereto and incorporated herein, are hereby approved, and the Metropolitan Mayor is authorized to execute the same. The re-obligated funds are appropriated for use by the Metropolitan Board of Health.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY  
OF FUNDS:

INTRODUCED BY:

*Jennine Reed/mjw* \_\_\_\_\_

Jenneen Reed, Director  
Department of Finance

APPROVED AS TO FORM AND  
LEGALITY:

*Hannah Zeitlin*

\_\_\_\_\_  
.....an Attorney

\_\_\_\_\_  
Member(s) of Council



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-12

FAIN# NU58DP006999

Federal Award Date: 07/10/2025

**Recipient Information**

**1. Recipient Name**

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Avenue North  
Nashville, TN 37203-1503  
(615) 862-8860

**2. Congressional District of Recipient**  
05

**3. Payment System Identifier (ID)**  
1620694743A3

**4. Employer Identification Number (EIN)**  
620694743

**5. Data Universal Numbering System (DUNS)**  
078217668

**6. Recipient's Unique Entity Identifier (UEI)**  
LGZLHP6ZHM55

**7. Project Director or Principal Investigator**

Ms. Chemyeeka Tumblin  
Program Director  
Chemyeeka.Tumblin@nashville.gov  
912-592-9309

**8. Authorized Official**

Dr. Melva Black  
Deputy Director  
melva.black@nashville.gov  
615-340-8549

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Daniel Jackson  
Grants Management Specialist  
qpz2@cdc.gov  
(678) 475-4577

**10. Program Official Contact Information**

Ms. Perrin Hicks  
Program Officer  
swy2@cdc.gov  
7704880826

**Federal Award Information**

**11. Award Number**

6 NU58DP006999-03-12

**12. Unique Federal Award Identification Number (FAIN)**

NU58DP006999

**13. Statutory Authority**

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

**14. Federal Award Project Title**

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

**15. Assistance Listing Number**

93.495

**16. Assistance Listing Program Title**

Community Health Workers for Public Health Response and Resilient

**17. Award Action Type**

Deob/Reob

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 08/31/2023 - **End Date** 09/22/2025

**20. Total Amount of Federal Funds Obligated by this Action** \$1,130,788.28

20a. Direct Cost Amount \$1,220,358.28

20b. Indirect Cost Amount (\$89,570.00)

**21. Authorized Carryover** \$0.00

**22. Offset** \$0.00

**23. Total Amount of Federal Funds Obligated this budget period** (\$130,788.28)

**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00

**25. Total Federal and Non-Federal Approved this Budget Period** \$1,000,000.00

**26. Period of Performance Start Date** 08/31/2021 - **End Date** 09/22/2025

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance** \$3,000,000.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Darryl Mitchell

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-12  
FAIN# NU58DP006999  
Federal Award Date: 07/10/2025

**Recipient Information**

**Recipient Name**  
NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Avenue North  
Nashville, TN 37203-1503  
(615) 862-8860

**Congressional District of Recipient**  
05

**Payment Account Number and Type**  
1620694743A3

**Employer Identification Number (EIN) Data**  
620694743

**Universal Numbering System (DUNS)**  
078217668

**Recipient's Unique Entity Identifier (UEI)**  
LGZLHP6ZHM55

**31. Assistance Type**  
Project Grant

**32. Type of Award**  
Other

| 33. Approved Budget<br>(Excludes Direct Assistance)                                 |                |
|---|----------------|
| I. Financial Assistance from the Federal Awarding Agency Only                       |                |
| II. Total project costs including grant funds and all other financial participation |                |
| a. Salaries and Wages   | \$0.00         |
| b. Fringe Benefits  | \$0.00         |
| c. Total Personnel Costs  | \$0.00         |
| d. Equipment  | \$0.00         |
| e. Supplies   | \$0.00         |
| f. Travel   | \$0.00         |
| g. Construction   | \$0.00         |
| h. Other  | \$1,000,000.00 |
| i. Contractual  | \$0.00         |
| j. TOTAL DIRECT COSTS   | \$1,000,000.00 |
| k. INDIRECT COSTS   | \$0.00         |
| l. TOTAL APPROVED BUDGET  | \$1,000,000.00 |
| m. Federal Share  | \$1,000,000.00 |
| n. Non-Federal Share  | \$0.00         |

| 34. Accounting Classification Codes |                  |                     |              |                    |                                 |               |
|-------------------------------------|------------------|---------------------|--------------|--------------------|---------------------------------|---------------|
| FY-ACCOUNT NO.                      | DOCUMENT NO.     | ADMINISTRATIVE CODE | OBJECT CLASS | ASSISTANCE LISTING | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
| 1-9390H3H                           | 21NU58DP006999C3 | DP                  | 41.51        | 93.495             | \$0.00                          | 75-2024-0943  |
| 2-9390H3H                           | 21NU58DP006999C3 | DP                  | 41.51        | 93.495             | \$130,788.28                    | 75-2024-0943  |
| 3-9390H3H                           | 21NU58DP006999C3 | DP                  | 41.51        | 93.495             | \$1,000,000.00                  | 75-2024-0943  |

**AWARD ATTACHMENTS**

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT  
OF

6 NU58DP006999-03-  
12

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1. Terms and Conditions

## **REVISED TERMS AND CONDITIONS OF AWARD**

In compliance with the Court Order issued on June 17, 2025, in the case of Harris County, Texas et al vs. Kennedy, Notices of Award (NOAs) issued to the plaintiff jurisdictions on or after March 24, 2025, that instructed termination of certain COVID-19 funding and ceasing of activities under this award for reasons related to the end of the COVID-19 pandemic are officially rescinded.

Activities and funding under this award are no longer terminated. Accordingly, award activities may continue consistent with the existing terms and conditions of the award, including applicable regulations. The costs associated with any such termination of activities and stoppage of work, including reasonable and legitimate costs of compliance with local labor laws, existing contractual obligations that cannot be legally paused, and costs associated with the security of assets – that occurred during this time period may be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

Any costs incurred prior to termination, may also be allowable for payment, consistent with applicable grant regulations and the existing terms and conditions of the award.

If you have questions or need additional clarification about this notice, please contact your CDC Grants Management Officer or Grants Management Specialist.

By way of notice in this NOA, recipient's period of performance under this award is also extended until September 22, 2025.

All the other terms and conditions issued with the existing award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:  
Sanmi Areda  
0872295CD81A4B1...  
Director, Metro Public Health Department

8/18/2025  
Date

Signed by:  
Tené Hamilton Franklin  
BEBF0BBF14D14B0...  
Chair, Board of Health

8/18/2025  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jennene Reed/mjr  
-----, ----- of Finance

8/29/2025 | 1:55 PM CDT  
Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb  
Director of Risk Management Services

8/29/2025 | 2:05 PM CDT  
Date

APPROVED AS TO FORM AND LEGALITY:

Hannah Zeitlin  
-----, -----

8/29/2025 | 11:58 AM PDT  
Date

\_\_\_\_\_  
Metropolitan Mayor

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-11

FAIN# NU58DP006999

Federal Award Date: 06/05/2025

**Recipient Information**

**1. Recipient Name**

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Avenue North  
Nashville, TN 37203-1503  
(615) 862-8860

**2. Congressional District of Recipient**  
05

**3. Payment System Identifier (ID)**  
1620694743A3

**4. Employer Identification Number (EIN)**  
620694743

**5. Data Universal Numbering System (DUNS)**  
078217668

**6. Recipient's Unique Entity Identifier (UEI)**  
LGZLHP6ZHM55

**7. Project Director or Principal Investigator**

Ms. Chemyeeka Tumblin  
Program Director  
Chemyeeka.Tumblin@nashville.gov  
912-592-9309

**8. Authorized Official**

Dr. Melva Black  
Deputy Director  
melva.black@nashville.gov  
615-340-8549

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Daniel Jackson  
Grants Management Specialist  
qpz2@cdc.gov  
(678) 475-4577

**10. Program Official Contact Information**

Ms. Perrin Hicks  
Program Officer  
swy2@cdc.gov  
7704880826

**Federal Award Information**

**11. Award Number**

6 NU58DP006999-03-11

**12. Unique Federal Award Identification Number (FAIN)**

NU58DP006999

**13. Statutory Authority**

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

**14. Federal Award Project Title**

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

**15. Assistance Listing Number**

93.495

**16. Assistance Listing Program Title**

Community Health Workers for Public Health Response and Resilient

**17. Award Action Type**

Grant Closeout

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 08/31/2023 - **End Date** 03/24/2025

**20. Total Amount of Federal Funds Obligated by this Action** (\$1,130,788.28)

20a. Direct Cost Amount (\$1,130,788.28)

20b. Indirect Cost Amount \$0.00

**21. Authorized Carryover** \$0.00

**22. Offset** \$0.00

**23. Total Amount of Federal Funds Obligated this budget period** \$1,000,000.00

**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00

**25. Total Federal and Non-Federal Approved this Budget Period** (\$130,788.28)

**26. Period of Performance Start Date** 08/31/2021 - **End Date** 03/24/2025

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance** \$1,869,211.72

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Darryl Mitchell

**30. Remarks**

This is a Closeout action.





DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-11  
FAIN# NU58DP006999  
Federal Award Date: 06/05/2025

**Recipient Information**

**Recipient Name**  
NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Avenue North  
Nashville, TN 37203-1503  
(615) 862-8860

**Congressional District of Recipient**  
05

**Payment Account Number and Type**  
1620694743A3

**Employer Identification Number (EIN) Data**  
620694743

**Universal Numbering System (DUNS)**  
078217668

**Recipient's Unique Entity Identifier (UEI)**  
LGZLHP6ZHM55

**31. Assistance Type**  
Project Grant

**32. Type of Award**  
Other

| 33. Approved Budget<br>(Excludes Direct Assistance)                                 |                |
|---|----------------|
| I. Financial Assistance from the Federal Awarding Agency Only                       |                |
| II. Total project costs including grant funds and all other financial participation |                |
| a. Salaries and Wages   | (\$915,227.28) |
| b. Fringe Benefits  | \$97,746.00    |
| c. Total Personnel Costs  | (\$817,481.28) |
| d. Equipment  | \$0.00         |
| e. Supplies   | \$33,999.00    |
| f. Travel   | \$13,572.00    |
| g. Construction   | \$0.00         |
| h. Other  | \$0.00         |
| i. Contractual  | \$549,552.00   |
| j. TOTAL DIRECT COSTS   | (\$220,358.28) |
| k. INDIRECT COSTS   | \$89,570.00    |
| l. TOTAL APPROVED BUDGET  | (\$130,788.28) |
| m. Federal Share  | (\$130,788.28) |
| n. Non-Federal Share  | \$0.00         |

| 34. Accounting Classification Codes |                  |                     |              |                    |                                 |               |
|-------------------------------------|------------------|---------------------|--------------|--------------------|---------------------------------|---------------|
| FY-ACCOUNT NO.                      | DOCUMENT NO.     | ADMINISTRATIVE CODE | OBJECT CLASS | ASSISTANCE LISTING | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
| 1-9390H3H                           | 21NU58DP006999C3 | DP                  | 41.51        | 93.495             | \$0.00                          | 75-2024-0943  |
| 2-9390H3H                           | 21NU58DP006999C3 | DP                  | 41.51        | 93.495             | (\$130,788.28)                  | 75-2024-0943  |
| 3-9390H3H                           | 21NU58DP006999C3 | DP                  | 41.51        | 93.495             | (\$1,000,000.00)                | 75-2024-0943  |

**AWARD ATTACHMENTS**

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT  
OF

6 NU58DP006999-03-  
11

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1. Terms and Conditions

**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Final Closeout:** The purpose of this amendment is to complete closeout of this award. This action closes all budget years awarded within the period of performance dates of August 31, 2021 to March 24, 2025.

The official closeout is effective as of June 4, 2025. The recipient has successfully satisfied all of the Notice of Funding Opportunity (NOFO) DP21-2109 requirements and has submitted all required closeout documents.

**Payment Management System Unobligated Balances:** The recipient may no longer draw down funds associated with the award in the Payment Management System (PMS).

Unobligated funds were reported on the Final FFR(s). Funds were de-obligated from the PMS Account and is/are detailed below:

| Document Number  | Amount De-obligated |
|------------------|---------------------|
| 21NU58DP006999C3 | \$1,130,788.28      |

**Retention of Records:** The recipient is reminded that HHS regulations require that financial records, supporting documents, and all other records pertinent to the award are to be retained for a period of three years from the date of submission of the final FFR.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:  
*Sanmi Arelola*  
0872295CD81A4B1...  
Director, Metro Public Health Department

8/18/2025  
Date

Signed by:  
*Tiné Hamilton Franklin*  
BEBF0BBF14D14B0...  
Chair, Board of Health

8/18/2025  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

*Jennene Reed/mjr*  
-----, ----- of Finance

8/29/2025 | 1:55 PM CDT  
Date

APPROVED AS TO RISK AND INSURANCE:

*Balogun Cobb*  
Director of Risk Management Services

8/29/2025 | 2:05 PM CDT  
Date

APPROVED AS TO FORM AND LEGALITY:

*Hannah Beitlin*  
Metropolitan Attorney

8/29/2025 | 11:58 AM PDT  
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-10

FAIN# NU58DP006999

Federal Award Date: 03/24/2025

**Recipient Information**

**1. Recipient Name**

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Avenue North  
Nashville, TN 37203-1503  
(615) 862-8860

**2. Congressional District of Recipient**  
05

**3. Payment System Identifier (ID)**  
1620694743A3

**4. Employer Identification Number (EIN)**  
620694743

**5. Data Universal Numbering System (DUNS)**  
078217668

**6. Recipient's Unique Entity Identifier (UEI)**  
LGZLHP6ZHM55

**7. Project Director or Principal Investigator**

Ms. Chemyeeka Tumblin  
Program Director  
Chemyeeka.Tumblin@nashville.gov  
912-592-9309

**8. Authorized Official**

Dr. Melva Black  
Deputy Director  
melva.black@nashville.gov  
615-340-8549

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Daniel Jackson  
Grants Management Specialist  
qpz2@cdc.gov  
(678) 475-4577

**10. Program Official Contact Information**

Ms. Perrin Hicks  
Program Officer  
swy2@cdc.gov  
7704880826

**Federal Award Information**

**11. Award Number**

6 NU58DP006999-03-10

**12. Unique Federal Award Identification Number (FAIN)**

NU58DP006999

**13. Statutory Authority**

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

**14. Federal Award Project Title**

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

**15. Assistance Listing Number**

93.495

**16. Assistance Listing Program Title**

Community Health Workers for Public Health Response and Resilient

**17. Award Action Type**

Terminate

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 08/31/2023 - **End Date** 03/24/2025

**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

**21. Authorized Carryover** \$0.00

**22. Offset** \$0.00

**23. Total Amount of Federal Funds Obligated this budget period** \$1,000,000.00

**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00

**25. Total Federal and Non-Federal Approved this Budget Period** \$1,000,000.00

**26. Period of Performance Start Date** 08/31/2021 - **End Date** 03/24/2025

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance** \$3,000,000.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Ms. Tajsha LaShore

**30. Remarks**

Department Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-10  
FAIN# NU58DP006999  
Federal Award Date: 03/24/2025

**Recipient Information**

**Recipient Name**  
NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Avenue North  
Nashville, TN 37203-1503  
(615) 862-8860

**Congressional District of Recipient**  
05

**Payment Account Number and Type**  
1620694743A3

**Employer Identification Number (EIN) Data**  
620694743

**Universal Numbering System (DUNS)**  
078217668

**Recipient's Unique Entity Identifier (UEI)**  
LGZLHP6ZHM55

**31. Assistance Type**  
Project Grant

**32. Type of Award**  
Other

| 33. Approved Budget<br>(Excludes Direct Assistance)                                 |                |
|---|----------------|
| I. Financial Assistance from the Federal Awarding Agency Only                       |                |
| II. Total project costs including grant funds and all other financial participation |                |
| a. Salaries and Wages   | \$215,561.00   |
| b. Fringe Benefits  | \$97,746.00    |
| c. Total Personnel Costs  | \$313,307.00   |
| d. Equipment  | \$0.00         |
| e. Supplies   | \$33,999.00    |
| f. Travel   | \$13,572.00    |
| g. Construction   | \$0.00         |
| h. Other  | \$0.00         |
| i. Contractual  | \$549,552.00   |
| j. TOTAL DIRECT COSTS   | \$910,430.00   |
| k. INDIRECT COSTS   | \$89,570.00    |
| l. TOTAL APPROVED BUDGET  | \$1,000,000.00 |
| m. Federal Share  | \$1,000,000.00 |
| n. Non-Federal Share  | \$0.00         |

| 34. Accounting Classification Codes |                  |                     |              |                    |                                 |               |
|-------------------------------------|------------------|---------------------|--------------|--------------------|---------------------------------|---------------|
| FY-ACCOUNT NO.                      | DOCUMENT NO.     | ADMINISTRATIVE CODE | OBJECT CLASS | ASSISTANCE LISTING | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
| 2-9390H3H                           | 21NU58DP006999C3 | DP                  | 41.51        | 93.495             | \$0.00                          | 75-2024-0943  |
| 3-9390H3H                           | 21NU58DP006999C3 | DP                  | 41.51        | 93.495             | \$0.00                          | 75-2024-0943  |

**AWARD ATTACHMENTS**

|  |                          |
|--|--------------------------|
| NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT<br>OF | 6 NU58DP006999-03-<br>10 |
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1. Terms and Conditions

## TERMS AND CONDITIONS OF AWARD

**Termination:** The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted, and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

**Closeout:** In order to facilitate an orderly closeout, we are requesting that you submit all closeout reports identified below within thirty (30) days of the date of this NoA. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371.

**Final Performance/Progress Report:** This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required



IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY


Signed by:  
  
0872295CD81A4B1...  
Director, Metro Public Health Department

8/18/2025  
Date

Signed by:  
  
BEBF0BBF14D14B0...  
Chair, Board of Health

8/18/2025  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

  
Director, Department of Finance


8/29/2025 | 1:55 PM CDT  
Date

APPROVED AS TO RISK AND INSURANCE:

  
Director of Risk Management Services

8/29/2025 | 2:05 PM CDT  
Date

APPROVED AS TO FORM AND LEGALITY:

  
Metropolitan Attorney

8/29/2025 | 11:58 AM PDT  
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date